(X3) DATE SURVEY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL062014 11/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **327 FREEMAN STREET BROOKSTONE HAVEN OF STAR ASSISTED LIV** STAR, NC 27356 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on November 4, 2015. Records indicate that this facility was licensed on September 1, 1981. The facility is currently licensed for fifty-four residents including thirty-two Special Care residents. Based on the above information, the facility is required to meet the 1977 Homes for the Aged and Infirm; Minimum Desired Standards and Regulations; the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code. Revision 8. Section 409- Institutional Occupancy-Group I2. Physical plant deficiencies were noted which require a plan of correction. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATES			SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	· ,		COMPLETED		
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C 101	Continued From pa	ge 1	C 101				
	This Rule is not me  1. Based on obse meet the NC State initial Licensing by indetection. This wou and visitors by not palarming. Findings on Novem a. The Connecting Corridor and Firewa fire alarm detection  2. Based on obse meet NC State Buil Licensing for corridi inches thick and so equivalent. This cor and visitors if smok of origin. Findings on Novem a. The Front Corri 3/8 inch thick and of b. The Main Elect inch thick and of ho c. The Back Corri closets were 1 3/8 i construction.  3. Based on Obse provide/maintain pr Emergency Respor NC Fire Code. This staff and visitors if e locate the facility du Findings on Novem	et as evidenced by: rvation, the Building did not Building Code at the time of not have adequate fire all affect all residents, staff providing early detection and aber 4, 2015: g Corridor between the Front all (sixty eight feet long) had n  rvation, the facility failed to ding Code at the time of initial or doors that are not 1 <sup>3</sup> / <sub>4</sub> lid core construction or all affect all residents, staff e/fire is not contained in Roor aber 4, 2015: idor's Bedroom doors where 1 of hollow construction, rical Room Door was 1 3/8 ollow construction, dor's storage and supply nch thick and of hollow  ervation, the building failed to emises identification for nders in accordance with the a would affect all residents, emergency responders canno uring an emergency. aber 4, 2015: bremises identification					

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Division of Health Service Regulation STATE FORM

SPDY21 If continuation sheet 2 of 8

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ HAL062014 11/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **327 FREEMAN STREET BROOKSTONE HAVEN OF STAR ASSISTED LIV** STAR, NC 27356 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) Continued From page 2 C 111 C 111 C 111 Must Have Current San. & Fire Safety Reports C 111 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on November 4, 2015: a. The current annual Building Sanitation Inspection Report was not available for review, b. The current annual Fire Marshal Inspection Report was not available for review. C 185 C 185 Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR **EVACUATION** (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ HAL062014 11/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **327 FREEMAN STREET BROOKSTONE HAVEN OF STAR ASSISTED LIV** STAR, NC 27356 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 185 Continued From page 3 C 185 description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on November 4, 2015: The facility utilizes three working shifts daily and there were no records of second shift rehearsals for the first, quarter, and no third shift rehearsals for the first, and third quarters, b. The fire plan rehearsal records provided no description of what the rehearsal involved. C 189 Building Equipment Maintained Safe, Operating C 189 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the Building was not maintained in a safe and operating condition. because breaches through the fire-resistance-rated construction invalidated its

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	COM		SURVEY PLETED		
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C 189	integrity. This could visitors if smoke/fire compartment of original compartme	l affect all residents, state is not contained in Rocgin.  aber 4, 2015: ctrical Room there was een this room and the ach is open to the Corridor rvations, the Building was e and operating condition through the district all residents, state is not contained in Rocgin.  aber 4, 2015: the fire-resistance-rated in patched using a 3/4" ply area of about four squal rvation, the Building was e and operating conditional power system was not an aintained safely. This was a lower a coffee pot. Extenditute for permanent wiring rvation, the Building was e and operating conditional power a coffee pot. Extenditute for permanent wiring rvation, the Building was e and operating conditional power a coffee pot. Extenditute for permanent wiring an emergency.	a floor djacent r. as not on, ed its ff and om or ceiling wood re feet. s not on, not would as to a g an ansion ag. s not on, eads ants, find	C 189			

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C 189	Continued From pa	ge 5	C 189			
C 189	5. Based on obse maintained in a saf because the corridor passage of smoke into their fames under conditions or had usaffect all residents, did not contain smorth findings on Novema. The Dining Rood doorframe preventi without extra force, b. The corridor do had a ¼ inch to zer the door and the bound of	rvation, the Building was not e and operating condition, or doors did not resist the due to door leafs not fitting der normal operating nacceptable gaps. This could staff and visitors if the doors oke/fire in the room of origin. other 4, 2015: om corridor door hits the ng it from closing and latching for assembly to the Sale Office of gap between the top edge of othor of the doorframe's stop.  Invations, the Building was not e and operating condition, through the district construction invalidated its affect all residents, staff and the is not contained in Room or gin.  In the district contained in Room or gin.	C 189			
	were gaps around of head light that pend fire-resistance-rate  7. Based on obsemaintained in a saf	d ceiling assembly. or near Public Restroom there conduit for the emergency light etrate through the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	CONSTRUCTION (X3) DATE SUF COMPLET			
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C 189	passage of smoke positively/automatic under normal closir residents, staff and latched and did not room of origin. Findings on Novem a. In the Front Lor on the inactive leaf disrepair and would therefore the active latch to.  8. Based on obse maintained in a safe because some corr passage of smoke doors. This could a visitors if the doors the room of origin. Findings on Novem a. The Med Room inch diameter holes latching device. b. The Back Hall shad replacement has completely cover the opening through the c. Bedroom 201 hon the corridor door bolt allowing smoke into their fames with normal operating coresidents, staff and	due to the doors not cally latching into their framing force. This could affect visitors if the doors were recontain smoke/fire in the laber 4, 2015: Lunge, the automatic flush the of the double doors were in the laber 1 not latch to its frame, a leaf had no latched leaf to revation, the Building was not end operating condition, idor doors did not resist the due to holes in the leaf of affect all residents, staff and did not contain smoke/fire laber 4, 2015: In Corridor door had two 1/4 is through the door near shower Room's corridor doardware that did not the previous hardware's	all hot bolt not bolt not bolt not bolt not bolt not be the bolt in bolt not bolt no			

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Findings on Neuropher 4 2045.	C 189	Continued From pa	age 7	C 189			
Findings on November 4, 2015: a. The corridor door to the Back Hall Housekeeping had a ¼ inch to zero gap between the top edge of the door and the bottom of the doorframe's stop.  10. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on November 4, 2015: a. In Back Corridor, eight portable medical oxygen cylinders were stored standing up in beverage crates not secured to the structure.	C 189	Findings on Novema. The corridor do Housekeeping had the top edge of the doorframe's stop.  10. Based on Obsemaintained in a safe because the portab were not being propould affect all resic cylinders fall, break cylinder and turning Findings on Novema. In Back Corrido oxygen cylinders were not being propould affect all resic cylinders fall, break cylinder and turning Findings on Novema.	nber 4, 2015: por to the Back Hall I a ¼ inch to zero gap between e door and the bottom of the  ervation, the Building was not fe and operating condition, pole medical oxygen cylinders perly handled/stored. This dents, staff and visitors if king their valves, propelling the g it into a dangerous projectile. hber 4, 2015: or, eight portable medical vere stored standing up in	C 189			

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